

I. Introduction to the Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders

Approach and Package

The Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders (IOP) package provides a structured approach for treating adults who abuse or are dependent on stimulant drugs. The approach followed in the treatment package was developed by the Matrix Institute in Los Angeles, California, and was adapted for this treatment package by the Knowledge Application Program of the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration (SAMHSA). The Matrix IOP package comprises five components:

- ***Counselor's Treatment Manual*** (this document)
- *Counselor's Family Education Manual*
- CD-ROM that accompanies the *Counselor's Family Education Manual*
- *Client's Handbook*
- *Client's Treatment Companion*

The Matrix IOP model and this treatment package based on that model grew from a need for structured, evidence-based treatment for clients who abuse or are dependent on stimulant drugs, particularly methamphetamine and cocaine. This comprehensive package provides substance abuse treatment professionals with an intensive outpatient treatment model for these clients and their families: 16 weeks of structured programming and 36 weeks of continuing care.

Background

The Matrix IOP method was developed initially in the 1980s in response to the growing numbers of individuals entering the treatment system with cocaine or methamphetamine dependence as their primary substance use disorder. Many traditional treatment models then in use were developed primarily to treat alcohol dependence and were proving to be relatively ineffective in treating cocaine and other stimulant dependence (Obert et al. 2000).

To create effective treatment protocols for clients dependent on stimulant drugs, treatment professionals at the Matrix Institute drew from numerous treatment approaches, incorporating into their model methods that were empirically tested and practical. Their treatment model incorporated elements of relapse prevention, cognitive-behavioral, psychoeducation, and family approaches, as well as 12-Step program support (Obert et al. 2000).

The effectiveness of the Matrix IOP approach has been evaluated numerous times since its inception (Rawson et al. 1995; Shoptaw et al. 1994). SAMHSA found the results of these studies promising enough to warrant further evaluation (e.g., Obert et al. 2000; Rawson et al. 2004).

In 1998, SAMHSA initiated a multisite study of treatments for methamphetamine dependence and abuse, the Methamphetamine Treatment

Project (MTP). The study compared the clinical and cost effectiveness of a comprehensive treatment model that follows a manual developed by the Matrix Institute with the effectiveness of treatment approaches in use at eight community-based treatment programs, including six programs in California, one in Montana, and one in Hawaii. Appendix A provides more information about MTP.

Matrix IOP Approach

Overview

The Matrix IOP approach provides a structured treatment experience for clients with stimulant use disorders. Clients receive information, assistance in structuring a substance-free lifestyle, and support to achieve and maintain abstinence from drugs and alcohol. The program specifically addresses the issues relevant to clients who are dependent on stimulant drugs, particularly methamphetamine and cocaine, and their families.

For 16 weeks, clients attend several intensive outpatient treatment sessions per week. This intensive phase of treatment incorporates various counseling and support sessions:

- Individual/Conjoint family sessions
(3 sessions)
- Early Recovery Skills group sessions
(8 sessions)
- Relapse Prevention group sessions
(32 sessions)
- Family Education group sessions
(12 sessions)
- Social Support group sessions
(36 sessions)

Clients may begin attending Social Support groups once they have completed the 12-session Family Education group but are still

attending Relapse Prevention group sessions. Overlapping Social Support group attendance with the intensive phase of treatment helps ensure a smooth transition to continuing care.

The Matrix IOP method also familiarizes clients with 12-Step programs and other support groups, teaches clients time management and scheduling skills, and entails conducting regular drug and breath-alcohol testing. A sample schedule of treatment activities is shown in Figure I-1.

Program Components

This section describes the logistics and philosophy of each of the five types of counseling sessions that are components of the Matrix IOP approach. Detailed agendas and instructions for conducting each type of group and individual session are provided in the designated sections of this manual and in the *Counselor's Family Education Manual*.

The Matrix materials use step-by-step descriptions to explain how sessions should be conducted. The session descriptions are methodical because the treatment model is intricate and detailed. Counselors who use these materials may want additional training in the Matrix approach, but these materials were designed so that counselors could implement the Matrix treatment approach even without training. The Matrix materials do not describe intake procedures, assessments, or treatment planning. Programs should use the procedures they have in place to perform these functions. If the guidelines presented in this manual conflict with the requirements of funders or credentialing or certifying bodies, programs should adapt the guidelines as necessary. (For example, some States require that sessions last a full 60 minutes to be funded by Medicaid.)

All Matrix IOP groups are open ended, meaning that clients may begin the group at any point

Figure I-1. Sample Matrix IOP Schedule

Figure I-1. Sample Matrix IOP Schedule			
	Intensive Treatment		Continuing Care
	Weeks 1 through 4*	Weeks 5 through 16†	Weeks 13 through 48
Monday	6:00–6:50 p.m. Early Recovery Skills 7:15–8:45 p.m. Relapse Prevention	7:00–8:30 p.m. Relapse Prevention	
Tuesday	12-Step/mutual-help group meetings		
Wednesday	7:00–8:30 p.m. Family Education	7:00–8:30 p.m. Family Education or 7:00–8:30 p.m. Social Support	7:00–8:30 p.m. Social Support
Thursday	12-Step/mutual-help group meetings		
Friday	6:00–6:50 p.m. Early Recovery Skills 7:15–8:45 p.m. Relapse Prevention	7:00–8:30 p.m. Relapse Prevention	
Saturday and Sunday	12-Step/mutual-help group meetings and other recovery activities		
* 1 Individual/Conjoint session at week 1			
† 2 Individual/Conjoint sessions at week 5 or 6 and at week 16			

and will leave that group when they have completed the full series. Because the Matrix groups are open ended, the content of sessions is not dependent on that of previous sessions. The counselor will find some repetition of information among the three Individual/Conjoint sessions as well as group sessions. Clients in early recovery often experience varying degrees of cognitive impairment, particularly regarding short-term memory. Memory impairment can

manifest as clients' difficulty recalling words or concepts. Repeating information in different ways, in different group contexts, and over the course of clients' treatment helps clients comprehend and retain basic concepts and skills critical to recovery.

Individual/Conjoint Sessions

In the Matrix IOP intervention, the relationship between counselor and client is considered the

primary treatment dynamic. Each client is assigned one primary counselor. That counselor meets individually with the client and possibly the client's family members three times during the intensive phase of treatment for three 50-minute sessions and facilitates the Early Recovery Skills and Relapse Prevention groups. The first and last sessions serve as “bookends” for a client's treatment (i.e., begin and end treatment in a way that facilitates treatment engagement and continuing recovery); the middle session is used to conduct a quick, midtreatment assessment of the client's progress, to address crises, and to coordinate treatment with other community resources when appropriate.

Conjoint sessions that include both the client and family members or other supportive persons are crucial to keeping the client in treatment. The importance of involving people who are in a primary relationship with the client cannot be overestimated; the Matrix IOP approach encourages the inclusion of a client's most significant family member or members in each Individual/Conjoint session in addition to Family Education group sessions. The counselor who tries to facilitate change in client behavior without addressing family relationships ultimately makes the recovery process more difficult. It is critical for the counselor to stay aware of how the recovery process affects the family system and to include a significant family member in part of every Individual/Conjoint session when possible.

Early Recovery Skills Group

Clients attend eight Early Recovery Skills (ERS) group sessions—two per week for the first month of primary treatment. These sessions typically involve small groups (10 people maximum) and are relatively short (50 minutes). Each ERS group is led by a counselor and co-led by a client who is advanced in the program and has a stable recovery (see pages 7

and 8 for information about working with client co-leaders). It is important that this group stay structured and on track. The counselor needs to focus on the session's topic and be sure not to contribute to the high-energy, “out-of-control” feelings that may be characteristic of clients in early recovery from stimulant dependence.

The ERS group teaches clients an essential set of skills for establishing abstinence from drugs and alcohol. Two fundamental messages are delivered to clients in these sessions:

1. You can change your behavior in ways that will make it easier to stay abstinent, and the ERS group sessions will provide you with strategies and practice opportunities to do that.
2. Professional treatment can be one source of information and support. However, to benefit fully from treatment, you also need 12-Step or mutual-help groups.

The techniques used in the ERS group sessions are behavioral and have a strong “how to” focus. This group is not a therapy group, nor is it intended to create strong bonds among group members, although some bonding often occurs. It is a forum in which the counselor can work closely with each client to assist the client in establishing an initial recovery program. Each ERS group has a clear, definable structure. The structure and routine of the group are essential to counter the high-energy or out-of-control feelings noted above. With newly admitted clients, the treatment routine is as important as the information discussed.

Relapse Prevention Group

The Relapse Prevention (RP) group is a central component of the Matrix IOP method. This group meets 32 times, at the beginning and end of each week during the 16 weeks of primary

treatment. Each RP group session lasts approximately 90 minutes and addresses a specific topic. These sessions are forums in which people with substance use disorders share information about relapse prevention and receive assistance in coping with the issues of recovery and relapse avoidance. The RP group is based on the following premises:

- Relapse is not a random event.
- The process of relapse follows predictable patterns.
- Signs of impending relapse can be identified by staff members and clients.

The RP group setting allows for mutual client assistance within the guiding constraints provided by the counselor. Clients heading toward relapse can be redirected, and those on a sound course to recovery can be encouraged.

The counselor who sees clients for prescribed Individual/Conjoint sessions and a client co-leader facilitate the RP group sessions (see pages 7 and 8 for information about working with client co-leaders).

Examples of the 32 session topics covered in the RP group include

- Guilt and shame
- Staying busy
- Motivation for recovery
- Be smart, not strong
- Emotional triggers

Family Education Group

Twelve 90-minute Family Education group sessions are held during the course of the 16-week program. This group meets once per week for the first 3 months of primary treatment

and is often the first group attended by clients and their families. The group provides a relatively nonthreatening environment in which to present information and provides an opportunity for clients and their families to begin to feel comfortable and welcome in the treatment facility. A broad spectrum of information is presented about methamphetamine dependence, other drug and alcohol use, treatment, recovery, and the ways in which a client's substance abuse and dependence affect family members as well as how family members can support a client's recovery. The group format uses PowerPoint slides, discussions, and panel presentations.

The counselor personally invites family members to attend the series. The often negative interactions within clients' families just before beginning treatment can result in clients' desire to "do my program alone." However, Matrix treatment experience shows that, if clients are closely involved with significant others, those significant others are part of the recovery process regardless of whether they are involved in treatment activities. The chances of treatment success increase immensely if significant others become educated about the predictable changes that are likely to occur within relationships as recovery proceeds. The primary counselor educates participants and encourages involvement of significant others, as well as clients, in the 12-session Family Education group. The material for the twelve 90-minute Family Education group sessions is in the *Counselor's Family Education Manual*.

Social Support Group (Continuing Care)

Clients begin attending the Social Support group at the beginning of their last month in primary treatment and continue attending these group sessions once per week for 36 weeks of continuing care. For 1 month, intensive treatment and continuing care overlap.

Social Support group sessions help clients learn or relearn socialization skills. Persons in recovery who have learned how to stop using substances and how to avoid relapse are ready to develop a substance-free lifestyle that supports their recovery. The Social Support group assists clients in learning how to resocialize with clients who are further along in the program and in their recovery in a familiar, safe environment. This group also is beneficial to the experienced participants who often strengthen their own recovery by serving as role models and staying mindful of the basic tenets of abstinence. These groups are led by a counselor, but occasionally they may be broken into smaller discussion groups led by a client-facilitator, a client with a stable recovery who has served as a co-leader and makes a 6-month commitment to assist the counselor.

Social Support group sessions focus on a combination of discussion of recovery issues being experienced by group members and discussion of specific, one-word recovery topics, such as

- Patience
- Intimacy
- Isolation
- Rejection
- Work

The Role of the Counselor

To implement the Matrix IOP approach, the counselor should have several years of experience working with groups and individuals. Although detailed instructions for conducting sessions are included in this manual, a new counselor may not have acquired the facility or the skills necessary to make the most of the sessions. The counselor who is willing to adapt and learn new treatment approaches is an appropriate Matrix IOP counselor. The counselor

who has experience with cognitive-behavioral and motivational approaches and has a familiarity with the neurobiology of addiction will be best prepared to implement the Matrix IOP intervention. Appropriate counselor supervision will help ensure fidelity to the Matrix treatment approach.

In addition to conducting the three Individual/Conjoint sessions, a client's primary counselor decides when a client moves from one group to another and is responsible for integrating material from the various group-counseling formats into one coordinated treatment experience.

Each client's primary counselor

- Coordinates with other counselors working with the client in group sessions (e.g., in Family Education sessions)
- Is familiar with the material to which the client is being exposed in the Family Education sessions
- Encourages, reinforces, and discusses material that is being covered in 12-Step or mutual-help meetings
- Helps the client integrate concepts from treatment with 12-Step and mutual-help material, as well as with psychotherapy or psychiatric treatment (for clients who are in concurrent therapy)
- Coordinates with other treatment or social services professionals who are involved with the client

In short, the counselor coordinates all the pieces of the treatment program. Clients need the security of knowing that the counselor is aware of all aspects of their treatment. Many people who are stimulant dependent enter treatment feeling out of control. They are looking to the program to help them regain control. If the program appears to be a disjointed series of unrelated parts, these clients may not feel

that the program will help them regain control, which may lead to unsuccessful treatment outcomes or premature treatment termination. Appendix B provides more notes on the counselor's role in group facilitation.

In facilitating sessions, the counselor should be sensitive to cultural and other diversity issues relevant to the specific populations being served. The counselor needs to understand culture in broad terms that include not only obvious markers such as race, ethnicity, and religion, but also socioeconomic status, level of education, and level of acculturation to U.S. society. The counselor should exhibit a willingness to understand clients within the context of their culture. However, it is also important to remember that each client is an individual, not merely an extension of a particular culture. Cultural backgrounds are complex and are not easily reduced to a simple description. Generalizing about a client's culture is a paradoxical practice. An observation that is accurate and helpful when applied to a cultural group may be misleading and harmful when applied to an individual member of that group. The forthcoming Treatment Improvement Protocol *Improving Cultural Competence in Substance Abuse Treatment* (CSAT forthcoming) provides more information on cultural competence.

Working With Client Co-Leaders and Client-Facilitators

Using clients as group co-leaders is an essential part of the Matrix IOP approach. Clients who have completed at least the first 8 weeks of the program and been abstinent over that period can be client co-leaders for ERS groups. Ideally, client co-leaders for RP groups will have completed the full year of Matrix treatment and been abstinent over that period. These advanced

clients bring a wealth of experience to group sessions. As persons who are recovering successfully, the client co-leaders are in a position to address controversial, difficult issues from a perspective similar to that of clients in the group, often by sharing personal experiences. The client co-leaders also are able to strengthen their recovery in the process and give back to the program and to other clients.

Client co-leaders should be chosen carefully. Clients may be considered for co-leading an ERS group if they meet the following criteria:

- A minimum of 8 weeks of uninterrupted abstinence from illicit drugs and alcohol
- Regular attendance at scheduled RP group and Individual/Conjoint sessions
- A willingness to serve as co-leaders once or twice a week for at least 3 months

Clients may be considered for co-leading an RP group if they meet the following criteria:

- A minimum of 1 year of uninterrupted abstinence from illicit drugs and alcohol
- Completion of the Matrix IOP intervention (i.e., completed 1 year of treatment)
- Active participation in a Social Support group and attending 12-Step or mutual-help group meetings
- A willingness to serve as co-leaders once or twice a week for at least 6 months

When selecting client co-leaders, the counselor also should consider whether clients are respected by other group members and are able to work well with the counselor.

The counselor should ask client co-leaders to sign a formal agreement; an example of such an agreement is in Appendix C.

Before clients begin serving as co-leaders, the counselor needs to orient them to the role. Client co-leaders need to understand the following:

- They are not counselors; their input needs to be made in the first person (e.g., “What helped me was ...” rather than “You should ...”).
- They must maintain the confidentiality of group participants.
- They need to be willing to talk to the counselor about any issues or problems that arise for them while they serve as co-leaders.

The counselor should meet with the co-leader before each group session to discuss briefly the topic and any issues that might arise. After each group session, the counselor should meet again with the co-leader to

- Make sure the co-leader is not distressed by anything that occurred during group
- Discuss briefly how the group went and provide feedback on anything the co-leader did particularly well or that could use improvement (e.g., monopolizing the conversation, confronting a client inappropriately, giving advice rather than relating his or her own experience)

Meeting regularly with client co-leaders provides opportunities for the counselor and co-leaders to improve the way they work together and to maximize the benefits to the co-leaders and other group members.

Clients who have served as co-leaders for ERS or RP group sessions can act as client-facilitators for Social Support group sessions. The counselor should follow the guidelines above when selecting and working with client-facilitators.

The Matrix IOP Package

In addition to this *Counselor's Treatment Manual* (introduced in detail on page 9), the Matrix IOP package consists of these components:

- *Client's Handbook*—This illustrated handbook contains an introduction and welcome and all the handouts that are used in the Matrix IOP program, except for those used in the Family Education group sessions. Counselors will notice that the *Client's Handbook* uses large type and has art on most of the pages. People in recovery from stimulant use experience memory impairments. But these impairments are much worse for word recall than for picture recall. Clinical experience has shown that clients respond better to the Matrix approach when the treatment materials are accompanied by pictures and visual cues.

If the counselor has enough copies of the *Client's Handbook* to distribute one book to each client, he or she should do so. If not, the counselor should make copies of the handouts (either from the *Counselor's Treatment Manual* or from the *Client's Handbook*) and give one set to each client at the client's first ERS session. Clients keep their handbooks at the clinic, take notes in them, and are given them to keep when they graduate from the Matrix intervention.

Note: During the course of MTP, which served as the model for this treatment manual, copies of the *Client's Handbook* were stored in a locked cabinet until group members arrived, when clients retrieved their handbooks for use during the session. In the interests of client confidentiality, clients put only their first names on the handbooks; no other client-identifying information was listed.

- *Counselor's Family Education Manual* and Slide Presentations—The *Counselor's Family Education Manual* contains

- ♦ Introductions to the Matrix IOP package and to the manual
- ♦ Instructions for conducting each session
- ♦ Handouts for participants

Session instructions are presented in a format similar to that provided for the other types of sessions.

The *Counselor's Family Education Manual* is accompanied by a CD-ROM containing slide presentations for 7 of the 12 sessions.

- *Client's Treatment Companion*—The *Client's Treatment Companion* is for clients to carry with them in a pocket or purse. It contains useful recovery tools and concepts and provides space for clients to record their relapse triggers and cues, write short phrases that help them resist triggers, and otherwise personalize the book. Ideas are included for ways to personalize and make the *Client's Treatment Companion* a useful tool for recovery.

Introduction to the Counselor's Treatment Manual

This manual contains all the materials necessary for a counselor to conduct individual and group sessions using the Matrix IOP approach. After the introductory sections, this manual is organized by type of session (i.e., Individual/Conjoint, Early Recovery Skills, Relapse Prevention, and Social

Support). The presentation of each type of session begins with an overview that includes a discussion of

- The general format and flow of the individual or group sessions
- Any special considerations relevant to the particular type of session
- The overall goals for each type of session

The overview is followed by instructions for conducting each specific session. These instructions include

- The goals of the session
- A list of client handouts
- Notes to the counselor about anything to keep in mind during the session
- Topics for group discussion, including key points to cover
- Guidelines for helping clients recognize their progress, manage their time, and address any concerns they have about time management
- Homework assignments for clients

Copies of the handouts that make up the *Client's Handbook* are located at the end of each section's instructions for easy reference. The counselor should review thoroughly the session instructions before conducting each group or individual session.

Readers who are interested in learning more about the Matrix approach to treatment for stimulant use disorders will find a list of articles for further reading in Appendix E.